

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09/468002	FILING DATE
APPLICANT(S)		

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
10 1			1	
10 2			1	
10 3			1	
10 4			1	
10 5			1	
10 6			1	
10 7			1	
10 8			1	
10 9			1	
10 10			1	
11			1	
12			1	
13			1	
14			1	
15			1	
16			1	
17			1	
18			1	
19			1	
20			1	
21			1	
22			1	*
23			1	
24			1	
25			1	
26			1	
27			1	
28			1	
29			1	
30			1	
31			1	
32			1	
33			1	
34			1	
35			1	
36			1	
37			1	
38			1	
39			1	
40			1	
41			1	
42			1	
43			1	
44			1	
45			1	
46			1	
47			1	
48			1	
49			1	
50			1	
TOTAL IND.		7		
TOTAL DEP.	↔	58	↔	↔
TOTAL CLAIMS		65		

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.		7						
TOTAL DEP.	↔	58	↔	↔	↔	↔		
TOTAL CLAIMS		65						

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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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66					1	
67					1	
68					1	
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76					1	
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80					1	
81					1	
82					1	
83					1	
84					1	
85					1	
86					1	
87					1	
88					1	
89					1	
90					1	
91					1	
92					1	
93					1	
94					1	
95					1	
96					1	
97					1	
98					1	
99					1	
100					1	
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						